

Office of Financial Aid University Park, IL 60484 708.534.4480 Fax: 708.534.1172 www.govst.edu/finaid

## 2016-2017 HOMELESSNESS VERIFICATION FORM

STUDENT INFOR	MATION				
-				perwork to Governors State University.	
Incomplete paperv	vork will not be a	ccepted, thereby del	aying the proce	essing of your financial aid award.	
Student Name:			GSU ID #	Last 4 digits of SS#:	
(Please Print)	Last	First			
Permanent Home Ad	ldross:				
Termanent nome ne		State Zip Code			
Student's Date of Bir	th:	Home Phon	e #:	Cell #:	
Email Address:		@student.govst.ed	lu		
HOMELESSNESS V On your FAFSA you		me time on or after Ju	uly 1, 2015, one	of the following applies:	
homeless.  The director of a Urban Developm The director of a unaccompanied  Instructions: Submit a letter on of of Financial Aid: a. A high school or	an emergency shelt nent (HUD) determ a runaway or home youth who was ho ficial letterhead fro	eer or transitional hou nined that you were an eless youth basic cente meless or were self-s om one of the followin	using program fun unaccompanie er or transitiona upporting and a	were an unaccompanied youth who was inded by the U.S. Department of Housing and youth who was homeless. I living program determined that you were at risk of being homeless.	an
<ul><li>c. A director or de</li><li>d. HELP Agency</li><li>e. Social Services (</li></ul>		y or homeless youth l	pasic center or tr	ransitional living program.	
	mation reported o			d accurate. I understand that any false state repayment of financial aid.	nents
Student's Signature		 Date		WARNING: If you purposely give false or misleading information on this worksheet, y	/ou

CRI CODE: FAC16HOM

may be fined, be sentenced to jail, or both.